



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: 14014SO3699

Work Order Type: Weatherization

Audit Name: 14014SO3699

CLIENT INFORMATION

Client Name:

Client ID: 14014SO3699

Alt. Client ID: BEDFORD

Address:

SHELBYVILLE, TN 37160

AGENCY INFORMATION

Agency: South Central Human Resource Agency

Address: (PO Box 638) 1437 Winchester Highway
Fayetteville, TN 37334

Agency Phone: (931) 433-7182

Fax: (931) 433-0074

Email Address:

Agency Contact: MOOREHEAD, JIMMY

Work Phone:

Cell Phone:

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Client Name:

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Measures

Measure 1 Infiltration Redctn

Components

Inspected

Comment INSTALL 2 WINDOW PANES
INSTALL DOOR LOCK AND DEAD BOLT FRONT DOOR
SEAL PLUMBING AND ELECTRICAL SEAL ALL DUCT WORK AND
REGISTERS WITH MASTIC SEAL RETURN AND RETURN BOX WITH
MASTIC TO READ 1.0 OR LESS READINGS ARE HIGH ON THIS HOME

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	LABOR	Each		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

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Measure 2 Lighting Retrofits**Components** LT1,LT1 (2)**Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Lighting	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Lighting	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Labor	Compact FI. - 26 Watt	Each Lamp	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 3 DWH Pipe Insulation****Components****Inspected****Comment** INSTALL POP OFF PIPE insulate 3 ft hot and cold☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation As per 2.4.1 of SWFG (page 2-11).	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 4 Floor Ins. R-19**Components** F1**Inspected****Comment** INSTALL R 19 FLOOR INSULATION SEAL BAN JOIST WITH 2 PART FOAM☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	1104	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Batts - R-19	SqFt	1104	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 5 Attic Ins. R-30****Components** A1**Inspected****Comment** INSTALL R 30 ATTIC INSULATION BAFFLES 4 FLAGS BUILD
STYRFOAM BOX OVER PULLDOWN☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	1104	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Attic Insulation - Blown Cellulose - R-30	SqFt	1104	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Measure 6 Fix Improper Venting (Clothes Dryer)**Components****Inspected****Comment** Vent to exterior and cap as per 2.5.4 of SWFG (pages 2-17 and 2-18).☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Exterior Cap / Metal Flex / Clamps	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 7 Smoke CARBONDetector is Needed****Components****Inspected****Comment** INSTALL SMOKE CARBON DETECTOR☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Smoke carbon detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure 8 Vapor Barrier Needed
(Basement/Crawlspace)****Components****Inspected**

Comment Install 6 mil poly as ground cover. Over laps should be at least 6". Lap up foundation walls and piers 6" and seal. See page 3-29 of SWFG.

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Basement / crawlspace vapor barrier	SqFt	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	SqFt	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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